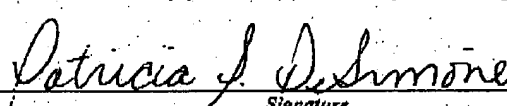


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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No.
Applicant(s): Sundararaj et al			08CU-5777
Serial No. 09/855,052	Filing Date May 14, 2001	Examiner Moore	Group Art Unit 1712
Invention: POLYIMIDE BLENDS, METHOD OF MAKING, AND ARTICLES MADE THEREFROM			
<p>I hereby certify that this <u>Amendment and Transmittal Letter, Change of Corr. Address, Cert. of Tran. by Facs</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax..No. <u>(703) 872-9310</u> on <u>March 7, 2003</u> (Date)</p> <p style="text-align: center;">Connie Wussow (Typed or Printed Name of Person Signing Certificate) <u>Connie Wussow</u> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>08CU-5777</b>		
Applicant(s): <b>Sundararaj et al.</b>					
Serial No. <b>09/855,052</b>	Filing Date <b>May 14, 2001</b>	Examiner <b>Moore</b>	Group Art Unit <b>1712</b>		
Invention: <b>POLYIMIDE BLENDS, METHOD OF MAKING, AND ARTICLES MADE THEREFROM</b>					
<b><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32	56 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4	5 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-0862</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;"><b>FAX RECEIVED</b> <b>MAR 10 2003</b> <b>GROUP 1700</b></div></div>					
<div style="display: flex; align-items: center;"><div style="flex: 1;"> _____ <small>Signature</small></div><div style="flex: 1; text-align: right;">Dated: <b>March 7, 2003</b></div></div>					
Patricia S. DeSimone Registration No. 48,137					
Customer No. :23413 Telephone No. (860) 286-2929					
CC:			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-top: 1px solid black; height: 20px; margin-top: 10px;"></div>		